

State of Montana
Developmental Disabilities Program
Screening Notification Options
 Do not alter this form

You or someone for whom you are guardian has been referred to the Developmental Disabilities Program. This form allows you to choose the level of notification you wish to receive each time a screening occurs. In order for your referral to be complete, please check the appropriate options below. Sign, date and return this form to your Case Manager at the address below.

Referred Person's Name: _____

- A. _____ I am my own guardian and do want to receive a notice in the mail every time I am considered for a vacancy, whether I am selected or not.
- B. _____ I am my own guardian but do not want to receive a notice unless I am selected for a vacancy.

Signature _____

Date _____

- A. _____ I am legal guardian for the above named person and do want to receive a notice in the mail every time s/he is considered for a vacancy, whether s/he is selected or not.
- B. _____ I am legal guardian for the above named person and do not want to receive a notice unless s/he is selected for a vacancy.
- C. _____ I am legal guardian for the above named person and am asking you not to notify my ward directly of any screening results. *Please note that unless this box is checked, the referred person will get a copy of any screening correspondence that comes to you.*

Signature _____

Date _____

Things to remember:

You will always be informed if the referred person is selected for a resource vacancy.

You have 10 working days in which to appeal a screening decision. If you elect not to receive this form, you may not know when a screening took place. This might make it more difficult for you to file an appeal.

Only legal guardians can make designations on behalf of a referred person. While family relationships are very important, we cannot restrict a person's notification options without the authority of a legal guardian.

Please return this form to (Case Manager's name and address):